

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)							<small>SERIAL NO.</small> <div style="font-size: 1.2em; font-weight: bold;">107089162</div>	<small>FILING DATE</small> 				
							<small>APPLICANT(S)</small>					
CLAIMS												
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	
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TOTAL IND.	2		3				TOTAL IND.					
TOTAL DEP.	22		27				TOTAL DEP.					
TOTAL CLAIMS	24		30				TOTAL CLAIMS					